

BEFORE THE DEPARTMENT OF PUBLIC  
HEALTH AND HUMAN SERVICES OF THE  
STATE OF MONTANA

In the matter of the amendment of	)	NOTICE OF PUBLIC HEARING ON
ARM 37.104.101 and 37.104.212	)	PROPOSED AMENDMENT
pertaining to emergency medical	)	
services (EMS)	)	

TO: All Concerned Persons

1. On November 30, 2011 at 1:30 p.m. the Department of Public Health and Human Services will hold a public hearing in the auditorium of the Department of Public Health and Human Services Building, 111 North Sanders, Helena, Montana, to consider the proposed amendment of the above-stated rules.

2. The Department of Public Health and Human Services will make reasonable accommodations for persons with disabilities who wish to participate in this rulemaking process or need an alternative accessible format of this notice. If you require an accommodation, contact Department of Public Health and Human Services no later than 5:00 p.m. on November 21, 2011, to advise us of the nature of the accommodation that you need. Please contact Kenneth Mordan, Department of Public Health and Human Services, Office of Legal Affairs, P.O. Box 4210, Helena, Montana, 59604-4210; telephone (406) 444-4094; fax (406) 444-9744; or e-mail dphhslegal@mt.gov.

3. The rules as proposed to be amended provide as follows, new matter underlined, deleted matter interlined:

37.104.101 DEFINITIONS The following definitions apply in subchapters 1 through 4:

(1) through (19)(c) remain the same.

(20) "EMS incident" means an instance in which an ambulance service or nontransporting unit is requested to provide emergency medical services, including a mutual aid request, and for which:

(a) a patient was assessed;

(b) medical care was rendered;

(c) a patient was transported;

(d) a patient was pronounced dead at the scene;

(e) a patient was transferred to another licensed service;

(f) a patient was transferred from one medical facility to another; or

(g) the person or persons for whom EMS was dispatched refused treatment, transport, or both.

(20) through (24) remain the same but are renumbered (21) through (25).

(26) "Patient care report" means an accurate and complete record of the response by an ambulance service or nontransporting unit to each EMS incident.

(25) through (34) remain the same but are renumbered (27) through (36).

AUTH: 50-6-323, MCA

IMP: 50-6-323, MCA

37.104.212 RECORDS AND REPORTS (1) Each emergency medical service must maintain a trip report patient care record for every run in which patient care was offered or provided, which contains at least the following information: EMS incident.

- ~~(a) identification of the emergency medical services provider;~~
- ~~(b) (a) date of the call; In incidents where more than one patient is encountered, one patient care record shall be completed for each patient.~~
- ~~(c) (b) patient's name and address; In the event more than one emergency medical service arrives at the scene of an EMS incident, each service having actual contact with a patient is responsible for completing a patient care record on the patient.~~
- ~~(d) type of run;~~
- ~~(e) identification of all emergency medical services providers, riders, trainees, or service personnel officially responding to the call;~~
- ~~(f) the time:~~
  - ~~(i) the dispatcher was notified;~~
  - ~~(ii) the emergency medical service was notified;~~
  - ~~(iii) the emergency medical service was enroute;~~
  - ~~(iv) of arrival on the scene;~~
  - ~~(v) the service departed the scene or turned over the patient to an ambulance service; and~~
  - ~~(vi) of arrival at receiving hospital, if applicable;~~
- ~~(g) history of the patient's illness or injury, including the findings of the physical examination;~~
- ~~(h) treatment provided or offered by the emergency medical services personnel, including, when appropriate, a record of all medication administered, the dose, and the time administered;~~
  - ~~(i) record of the patient's vital signs, including the time taken, if applicable;~~
  - ~~(j) utilization of online medical control, if applicable; and~~
  - ~~(k) destination of the patient, if applicable.~~

(2) No later than January 1, 2012 ambulance services and nontransporting units must provide data as identified by the department in this rule.

(3) Electronic data submitted to the department must be in the format prescribed by the National Emergency Medical Services Information System (NEMSIS).

(a) For emergency medical services directly using the reporting system provided by the department, the data is considered submitted to the department as soon as it has been entered or updated in the department-provided system.

(b) For emergency medical services using third-party software, the data is considered submitted to the department as soon as it has been uploaded or updated into the department-provided system.

(4) The following NEMSIS demographic data elements for ambulance service or nontransporting unit licensing must be reported and updated no less than annually:

D01\_01 EMS Agency Number  
D01\_02 EMS Agency Name  
D01\_03 EMS Agency State  
D01\_04 EMS Agency County  
D01\_07 Level of Service  
D01\_08 Organizational Type  
D01\_09 Organization Status  
D01\_10 Statistical Year  
D01\_12 Total Service Size Area  
D01\_13 Total Service Area Population  
D01\_14 911 Call Volume per Year  
D01\_15 EMS Dispatch Volume per Year  
D01\_16 EMS Transport Volume per Year  
D01\_17 EMS Patient Contact Volume per Year  
D01\_19 EMS Agency Time Zone  
D01\_21 National Provider Identifier  
D02\_01 Agency Contact Last Name  
D02\_02 Agency Contact Middle Name/Initial  
D02\_03 Agency Contact First Name  
D02\_04 Agency Contact Address  
D02\_05 Agency Contact City  
D02\_06 Agency Contact State  
D02\_07 Agency Contact Zip Code  
D02\_08 Agency Contact Telephone Number  
D02\_09 Agency Contact Fax Number  
D02\_10 Agency Contact Email Address  
D03\_01 Agency Medical Director Last Name  
D03\_02 Agency Medical Director Middle Name/Initial  
D03\_03 Agency Medical Director First Name  
D03\_04 Agency Medical Director Address  
D03\_05 Agency Medical Director City  
D03\_06 Agency Medical Director State  
D03\_07 Agency Medical Director Zip Code  
D03\_08 Agency Medical Director Telephone Number  
D03\_09 Agency Medical Director Fax Number  
D03\_11 Agency Medical Director Email Address  
D04\_02 EMS Unit Call Sign  
D05\_01 Station Name  
D05\_02 Station Number  
D05\_04 Station GPS  
D05\_05 Station Address  
D05\_06 Station City  
D05\_07 Station State  
D05\_08 Station Zip

D05\_09 Station Telephone Number  
D06\_01 Unit/Vehicle Number  
D06\_03 Vehicle Type  
D06\_04 State Certification/Licensure Levels  
D06\_07 Vehicle Model Year  
D06\_08 Year Miles/Hours Accrued  
D06\_09 Annual Vehicle Hours  
D06\_10 Annual Vehicle Miles  
D07\_01 Personnel's Agency ID Number  
D07\_02 State/Licensure ID Number  
D07\_05 Personnel's Level of Certification/Licensure for Agency  
D08\_01 EMS Personnel's Last Name  
D08\_02 EMS Personnel's Middle Name/Initial  
D08\_03 EMS Personnel's First Name  
D08\_04 EMS Personnel's Mailing Address  
D08\_05 EMS Personnel's City of Residence  
D08\_06 EMS Personnel's State  
D08\_07 EMS Personnel's Zip Code  
D08\_09 EMS Personnel's Home Telephone  
D08\_10 EMS Personnel's Email Address  
D08\_15 State EMS Certification Licensure Level  
D08\_17 State EMS Current Certification Date

(5) The following NEMSIS EMS data elements must be reported by ambulance services for each incident:

E01\_01 Patient Care Report Number  
E02\_01 EMS Agency Number  
E02\_04 Type of Service Requested  
E02\_05 Primary Role of the Unit  
E02\_06 Type of Dispatch Delay  
E02\_07 Type of Response Delay  
E02\_08 Type of Scene Delay  
E02\_09 Type of Transport Delay  
E02\_10 Type of Turn-Around Delay  
E02\_12 EMS Unit Call Sign (Radio Number)  
E02\_20 Response Mode to Scene  
E03\_01 Complaint Reported by Dispatch  
E03\_02 EMD Performed  
E05\_02 PSAP Call Date/Time  
E05\_04 Unit Notified by Dispatch Date/Time  
E05\_05 Unit En Route Date/Time  
E05\_06 Unit Arrived on Scene Date/Time  
E05\_07 Arrived at Patient Date/Time  
E05\_09 Unit Left Scene Date/Time  
E05\_10 Patient Arrived at Destination Date/Time  
E05\_11 Unit Back in Service Date/Time  
E05\_13 Unit Back at Home Location Date/Time  
E06\_08 Patient's Home Zip Code

E06\_11 Gender  
E06\_12 Race  
E06\_13 Ethnicity  
E06\_14 Age  
E06\_15 Age Units  
E07\_01 Primary Method of Payment  
E07\_34 CMS Service Level  
E07\_35 Condition Code Number  
E08\_05 Number of Patients at Scene  
E08\_06 Mass Casualty Incident  
E08\_07 Incident Location Type  
E08\_15 Incident ZIP Code  
E09\_01 Prior Aid  
E09\_02 Prior Aid Performed by  
E09\_03 Outcome of the Prior Aid  
E09\_04 Possible Injury  
E09\_11 Chief Complaint Anatomic Location  
E09\_12 Chief Complaint Organ System  
E09\_13 Primary Symptom  
E09\_14 Other Associated Symptoms  
E09\_15 Provider's Primary Impression  
E09\_16 Provider's Secondary Impression  
E10\_01 Cause of Injury  
E11\_01 Cardiac Arrest  
E11\_02 Cardiac Arrest Etiology  
E11\_03 Resuscitation Attempted  
E12\_01 Barriers to Patient Care  
E12\_19 Alcohol/Drug Use Indicators  
E18\_03 Medication Given  
E18\_08 Medication Complication  
E19\_03 Procedure  
E19\_05 Number of Procedure Attempts  
E19\_06 Procedure Successful  
E19\_07 Procedure Complication  
E20\_07 Destination Zip Code  
E20\_10 Incident/Patient Disposition  
E20\_14 Transport Mode from Scene  
E20\_16 Reason for Choosing Destination  
E20\_17 Type of Destination  
E22\_01 Emergency Department Disposition  
E22\_02 Hospital Disposition

(6) Emergency medical services must provide patient care report data to the department at least quarterly based on a calendar year or on a schedule submitted to and approved by the department.

(a) These quarterly data must be submitted to the department within 60 days of the end of the quarter as follows:

(i) data for EMS responses occurring in January through March must be submitted by June 1;

(ii) for responses in April through June by September 1;

(iii) for responses in July through September by December 1; and

(iv) for responses in October through December by March 1.

(b) The data may be submitted more frequently than quarterly.

(c) An emergency medical service with no EMS incidents during the quarter must report such to the department.

(7) Ambulance services are not required to submit other NEMSIS data elements, but may do so. Nontransporting units are not required to submit NEMSIS data, but may do so.

(8) Other software may be used to submit required data, but agencies must consult with the department before purchasing such software.

(9) The department adopts and incorporates by reference the National Emergency Medical Services Information System (NEMSIS) Uniform Pre-Hospital Emergency Medical Services Dataset, Version 2.2.1, (5/04/2010) published by the National Highway Traffic Safety Administration (NHTSA). A copy may be obtained at <http://www.nemsis.org/v2/downloads/datasetDictionaries.html> or from the Department of Public Health and Human Services, Public Health and Safety Division, Emergency Medical Services and Trauma Systems Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

(2) (10) Trip Patient care reports may be reviewed by the department.

(3) (11) Copies of trip patient care reports must be maintained by the service for a minimum of seven years.

(4) Each emergency medical service must provide the department with a quarterly report, on a form provided by the department, that specifies the number and types of runs occurring during the quarter, the type of emergency, and the average response times.

(5) (12) Immediately or as soon as possible upon arrival at a receiving facility, but no later than 48 24 hours after the end of the patient transport, an ambulance service must provide a copy of the trip patient care report to the hospital that receives the patient.

(a) If a completed patient care report cannot be left at the facility at the end of the patient transfer to the licensed hospital, an abbreviated patient encounter form containing information essential to continued patient care shall be provided until a patient care record can be left.

(b) If an immediate response to another patient is required of an ambulance delivering a patient to a licensed hospital, a complete oral report on the patient being delivered will be given to the receiving facility until a patient encounter form or patient care record can be provided.

AUTH: 50-6-323, MCA

IMP: 50-6-323, MCA

4. The Department of Public Health and Human Services (the department) is proposing the amendment of ARM 37.104.101 and 37.104.212 pertaining to emergency medical services (EMS). These proposed rule amendments require

ambulance services to report minimum, electronic data to a web-based department database. In order for the department to evaluate emergency medical care and to determine whether the emergency health care system is functioning as intended, collecting information about the characteristics, activities, and results of emergency medical services operations is essential.

#### ARM 37.104.101

The department is proposing amendments to this rule in order to introduce new industry terms. The department is proposing a new definition to ARM 37.104.101, "EMS incident" in order to define what types of EMS calls need to be documented on a patient care report. The department is also proposing new definition, "patient care report." This definition is reasonably necessary to clarify that a patient record will be completed by each licensed EMS service on each EMS incident. It is also necessary as there currently is some confusion whether or not nontransporting units are required to complete a patient record.

#### ARM 37.104.212

EMS services inconsistently interpret which calls require a completed patient care report. For example, some services complete patient care records for patient refusal calls and other services do not. The proposed amendment to ARM 37.104.212(1) is reasonably necessary to assure that all services consistently collect patient care records on the same types of calls.

It is reasonably necessary to delete ARM 37.104.212(1)(a) through (1)(k) as they are too generic to be useful for data collection purposes, they are not compliant with the NEMSIS data standard, and they are better defined in these proposed rules which require collection of NEMSIS demographic and patient EMS sets. The new language for ARM 37.104.212(1)(a) is reasonably necessary to allow the department to assure that EMS services use written patient care records that meet current minimum data collection standards and medical record rules. The proposed new language in ARM 37.104.212(1)(b) and (c) clarify the procedure for documentation where there are multiple patient incidents or incidents in which multiple services respond.

The proposed amendment to ARM 37.104.212(2) is reasonably necessary to require that all EMS services will collect data as defined in these proposed rules and to provide for an effective date.

NEMSIS is the national standard for EMS data collection. ARM 37.104.212(3) is reasonably necessary to assure that all services collect data using the NEMSIS standard. Data collected using multiple definitions and standards would be useless for statewide data analysis and performance improvement. ARM 37.104.212(3)(a) is reasonably necessary in order to clarify that EMS services may collect data in the department-based software to be compliant with data collection requirements. ARM 37.104.212(3)(b) is reasonably necessary to clarify that EMS services using other

third-party software must upload their data into the department-based software to be compliant with data collection requirements.

ARM 37.104.212(4) specifies which NEMSIS demographic data set fields must be collected. These fields are primarily related to the EMS service licensing module of the department-based software and are necessary for administration and regulation of these service licenses.

Additionally, ARM 37.104.212(4) is being proposed to ensure that licensing records are more up-to-date. In the previous, paper-based licensing process, most service license information was only updated once every two years upon relicensure. As such, much of the information the department maintained about licensed EMS services was very outdated and inaccurate. With the new electronic system, information can be easily updated by the EMS on a regular basis and in any case, no less than annually.

Proposed amendment ARM 37.104.212(5) is a list of the minimum, national data elements described in the NEMSIS data dictionary. This rule requires ambulance services to report these minimum data elements on all incidents. No patient identifiers and only minimal service identifiers are included in the minimum data set. Services will only be able to access their own data for reports. Summary reports from other services and the EMS system will be produced by the department. As of 2011, 29 states are submitting data to the National EMS Database. It is the intent of the department to be one of 18 additional states seeking to submit state data in the next year. As in the state data system, the service data in the national database is nonidentifiable, except to the service. Like the department system, the national database allows the service to view detailed reports about their own service and only summary reports of other services reporting into the system.

ARM 37.104.212(6), (a), (b), and (c) are necessary in order to establish a minimum schedule for data to be submitted into the department's data system. This rule also requires services that have no runs during the quarter to report such to the department so that compliance with these rules can be monitored.

The department's data system accommodates entry of many more data elements than the minimum elements described above. ARM 37.104.212(7) clarifies that services may optionally enter additional data and, as such, have access to more complete demographic and statistical reports in the system.

ARM 37.104.212(8) is reasonably necessary to assure that EMS services that choose to purchase or develop their own data systems will use software that is NEMSIS compliant and capable of uploading data into the department's data software. Without this requirement, services may invest considerable time and funds obtaining a system that is not compatible and would not allow them to meet the data collection requirements of these rules.



ARM 37.104.212(10) is reasonably necessary to adopt the NEMSIS national data standard. This standard specifies data definitions, electronic format, and other standards which ensures that all services collect data the same way.

ARM 37.104.212(2) and (3) have been renumbered to ARM 37.104.212(11) and (12), and are being updated to the more current terminology of the industry.

The current rule language in ARM 37.104.212(4) is being deleted. This language has been replaced and clarified by several other sections of these proposed rules.

ARM 37.104.212(5) is being renumbered to ARM 37.104.212(13). The department is proposing amendment to ARM 37.104.212(13) as it is necessary to resolve cases in which EMS leaves a patient at a hospital but does not also relay essential information about the patient that is necessary for continuity of care. The requirement for submission of a patient care report to the hospital has been changed from 48 hours to 24 hours. There are essential uses of EMS data in healthcare facilities and there have been numerous comments from field providers and hospitals that 24 hours is more than adequate for submission of this very important information.

ARM 37.104.212(13)(a) is necessary as information that EMS has collected about a patient is essential to the ongoing care of the patient after they leave. In cases in which EMS cannot leave a patient care record at the hospital at the conclusion of the call, this rule requires services to leave an "encounter form." This form provides essential information about the patient to the hospital and helps assure continuity of care in the absence of a complete patient care record.

ARM 37.104.212(13)(b) requires a service that may need to leave immediately due to backup of multiple calls still needs to provide at least a verbal report of this essential patient information before they leave the hospital.

5. Concerned persons may submit their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to: Kenneth Mordan, Department of Public Health and Human Services, Office of Legal Affairs, P.O. Box 4210, Helena, Montana, 59604-4210; fax (406) 444-9744; or e-mail [dphhslegal@mt.gov](mailto:dphhslegal@mt.gov), and must be received no later than 5:00 p.m., December 8, 2011.

6. The Office of Legal Affairs, Department of Public Health and Human Services, has been designated to preside over and conduct this hearing.

7. The department maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this agency. Persons who wish to have their name added to the list shall make a written request that includes the name, e-mail, and mailing address of the person to receive notices and specifies for which program the person wishes to receive notices. Notices will be sent by e-mail unless a mailing preference is noted in the request. Such written request may be mailed or

delivered to the contact person in 5 above or may be made by completing a request form at any rules hearing held by the department.

8. An electronic copy of this proposal notice is available through the Secretary of State's web site at <http://sos.mt.gov/ARM/Register>. The Secretary of State strives to make the electronic copy of the notice conform to the official version of the notice, as printed in the Montana Administrative Register, but advises all concerned persons that in the event of a discrepancy between the official printed text of the notice and the electronic version of the notice, only the official printed text will be considered. In addition, although the Secretary of State works to keep its web site accessible at all times, concerned persons should be aware that the web site may be unavailable during some periods, due to system maintenance or technical problems.

9. The bill sponsor contact requirements of 2-4-302, MCA do not apply.

/s/ Shannon McDonald  
Rule Reviewer

/s/ Anna Whiting Sorrell  
Anna Whiting Sorrell, Director  
Public Health and Human Services

Certified to the Secretary of State October 31, 2011.